

FILED JUL 5 1952

THE DIVISION OF HEALTH OF THE STATE OF CALIFORNIA
STANDARD CERTIFICATE OF DEATH

State File No. **20614**
Registrar's No. **2574**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2574</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE California b. COUNTY Los Angeles			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Pacific Palisades		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3231 Broadway				d. STREET ADDRESS (If rural, give location) 156 Ocompo Dr.			
3. NAME OF DECEASED (Type or Print) George		a. (First) George		b. (Middle) M.		c. (Last) Parde	
4. DATE OF DEATH (Month) (Day) (Year) 6 6 52		5. SEX M		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7-16-1889		9. AGE (in years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor		10b. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (City and State or Foreign Country) Calif.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George T. Parde		13b. MOTHER'S MAIDEN NAME Lillian M. Magill		14. NAME OF HUSBAND OR WIFE Mary Alice Parde			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Geo. Parde Jr. ADDRESS 156 Ocompo Pacific Palisades			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification Cause of Death Unknown				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				7955	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Refused				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ?		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) /			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh A. Owens (Degree or title) Coroner				23b. ADDRESS 1039 Palisades Bldg		23c. DATE SIGNED 6-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-9-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Santa Monica Calif.	
DATE REC'D BY LOCAL REG. 6-8-52		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS KCMO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. J. Still

Licensed Embalmer No. 4882

P. O. Address IC C MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.